

October 27, 1981

STAT

Project Number: 15661-000  
Contract Number: 81\*A599900\*00  
Period Covered: Inception through October 23, 1981

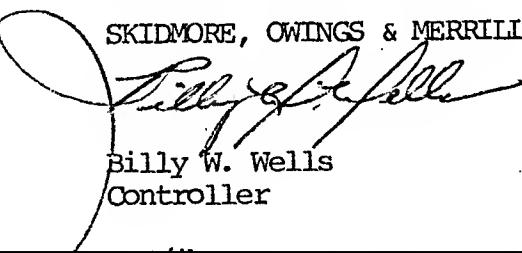
REQUEST FOR PAYMENT

For professional services rendered in connection with the preparation of a final Master Development and Master Utility Systems Plan and the preparation of amended Environmental Assessment.

Lump Sum Fee	\$121,650.00
Payment as per Payment Schedule, paragraph 1, of our contract dated July 1, 1981	\$ 42,577.50
TOTAL AMOUNT DUE THIS INVOICE	<u>\$ 42,577.50</u>

Respectfully submitted,

SKIDMORE, OWINGS & MERRILL

  
Billy W. Wells  
Controller

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*BEST COPY*

*AVAILABLE*

## ROUTING AND RECORD SHEET

SUBJECT: [Optional]

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FROM:		EXTENSION:	NO.:
<i>OC/Building Planning Staff</i>		<i>4246</i>	DATE: <i>8 NOV 1961</i>
TO: (Officer designation, room number, and building)		DATE	OFFICER'S INITIALS
		RECEIVED	FORWARDED
<i>604 Ray Rd</i>			
<i>2 C/A-C DIVISION</i>			
<i>OK</i>			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
COMMENTS: (Number each comment to show from whom to whom. Draw a line across column after each comment.)			
<i>PHH - Would appreciate anything you can do in approving the attached bill. Son to the Divs who have been helping us in trying to get a new building approved</i>			

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ROUTING AND TRANSMITTAL SLIP		Date
<i>4 Nov 1981</i>		
TO: (Name, office symbol, room number, building, Agency/Post)		Initials
<input type="text"/>	OF/LSD/BPS <i>OL/BPS</i>	SICM 11/6/81
2. <i>RECEIVED</i>		
3. <i>4E50 Hdg.</i>		
4. OF/A&CD, 612 Key Bldg.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

Please certify receipt of goods or services on the attached invoice(s) and forward to Finance. Please contact me if there is any problem.

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DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
OL/PD/P&SCB <input type="text"/>	
	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA  
FPMR (41 CFR) 101-11.206

★ U.S.GPO:1978-O-261-647/3354

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